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| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                           |              |                                             |                  |                    |                        | Application or Docket Number |                            |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|--------------|---------------------------------------------|------------------|--------------------|------------------------|------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                           |              |                                             |                  | SMALL              | SMALL ENTITY           |                              | OTHER THAN<br>SMALL ENTITY |                        |
| FOR BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | NUN                                       | NUMBER FILED |                                             | BER EXTRA.       | RATE               | FEE                    |                              | RATE                       | FEE                    |
| (37                                                                                                                                                                                                                                                                                                                                                                                                                                            | CFR 1.16(a))                                                    |                                           |              | ·                                           |                  |                    | \$                     | OR                           | 1377                       | , , ,                  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                           | minus 2      | 0 = .                                       |                  | X \$=              |                        | OR                           | X \$ =                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | EPENDENT CLAI<br>CFR 1.16(b))                                   | MS                                        | minus        | 3 =                                         | 1                | X \$=              |                        | OR                           | X \$ =                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                           |              |                                             |                  | +5 =               |                        | OR                           |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                           |              |                                             |                  | TOTAL              |                        | OR                           | +\$_=                      | <del> </del>           |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                           |              |                                             |                  |                    |                        |                              | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |              |                                             |                  |                    | OR                     | OTHE                         | R THAN                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | (Column 1)  CLAIMS                        |              | (Column 2)<br>HIGHEST                       | (Column 3)       | SMALL E            | ENTITY                 | OR<br>I                      |                            | ENTITY                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.15(c))                                       | 40                                        | Minus        | 90                                          | =                | × \$=              |                        | OR                           | X \$ =                     | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | 5                                         | Minus        | 5                                           | =                | X \$=              |                        | OR                           | X \$ =                     |                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |              |                                             |                  | +\$ =              |                        | OR                           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |              |                                             | ···              | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | (Column 1)                                | <del></del>  | (Column 2)                                  | (Column 3)       | •                  |                        |                              | // /                       | <u></u>                |
| MENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE <sub>.</sub>  | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | •                                         | Minus        | ••                                          | =                | X \$=              |                        | OR                           | X \$ =                     | r L E                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1,16(b))                                 | •                                         | Minus        | •••                                         | =                | X \$=              |                        | OR                           | × \$ =                     |                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |              |                                             |                  | +\$ =              |                        | OR                           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |              |                                             |                  | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL ADD'L FEE            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | (Column 1)                                |              | (Column 2)                                  | (Column 3)       |                    |                        | OIX                          | VOOT LEE                   |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | •                                         | Minus        | * *                                         | =                | X \$ =             |                        | 00                           | v                          | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | •                                         | Minus        | ***                                         | =                | X \$ =             |                        | OR                           | X \$=                      |                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |              |                                             |                  | + \$ =             | •                      | OR<br>OR                     | X \$=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |              |                                             |                  | TOTAL<br>ADD'L FEE |                        | OR                           | + s = TOTAL ADD'L FEE      |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |                                                                 |                                           |              |                                             |                  |                    |                        |                              |                            |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.Ş. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.